

Information related to outcomes is indicated by a circled outcome number (e.g. ①)

Individual Support Plan

I. Essential Information

Contact Information

Legal Name:	Steven Charles Sample	Preferred Name:	Steve
Date of Birth:	2-17-1977	Gender:	Male
Marital Status:	Single	Admission date:	July 1, 1998
Medicaid #:	xxxxxxxxxxxx	Medicare #:	xxx-xx-xxxx
Home Street Address:	414 Sunnybrook Drive	Insurance:	N/A
Mailing Address or P.O. Box:		SSN#:	xxx-xx-xxxx
City:	Sunnybrook	Zip Code:	24009
Home phone:	xxx-xx-xxxx	Cell phone:	N/A
Work phone:	N/A	Email address:	stevecs@email.com

Emergency Contacts / Representation

Name	Phone:	Fax:	Email:
Relationship:	Address:		
Legal Guardian:	Phone:	Fax:	Email:
Relationship:	Address:		
Authorized Rep:	Phone:	Fax:	Email:
Relationship:	Address:		
Family #1: Martha Sample	Phone: xxx-xx-xxxx	Fax: N/A	Email: marthags@email.com
Relationship: mother	Address: 5223 River Road, Sunnybrook, VA 24009		
Family #2: Louise Griffey	Phone: xxx-xx-xxxx	Fax: N/A	Email: N/A
Relationship: Aunt	Address: 891 Brentwood Lane San Diego, CA 50995		
Power of Attorney:	Phone:	Fax:	Email:
Relationship/Type:	Address:		
Emergency Contact: Martha Sample	Phone: xxx-xx-xxxx	Fax: N/A	Email: marthags@email.com
Relationship: mother	Address: 5223 River Road, Sunnybrook, VA 24009		
Conservator:	Phone:	Fax:	Email:
Relationship:	Address:		

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Representative Payee: Sunnybrook Residential	Phone: xxx-xx-xxxx	Fax: xxx-xx-xxxx	Email: SunnybrookRes@email.com
Relationship:	Address: 500 Main Street, Sunnybrook, VA 24009		
Physician 1: Dr. Mac Good	Phone: xxx-xx-xxxx	Fax: xxx-xx-xxxx	Email: Drmac@email.com
Specialty: General Practice	Address: 222 Main Street, Sunnybrook, VA 24009		
Physician 2: Dr. Doug Lewis	Phone: xxx-xx-xxxx	Fax: xxx-xx-xxxx	Email: SunnybrookRes@email.com
Specialty: Gastroenterology	Address: 500 Main Street, Sunnybrook, VA 24009		

Support Coordination and Provider Contacts

Support Role: Residential	Agency: Sunnybrook Residential	
Name: Stephanie Klein	Address: 446 Arbor Lane Sunnybrook, VA 20456	
Phone: 540-788-9393	Fax: 540-788-9394	Email: SKlein@abccres.com
Support Role: Day Support	Agency: My Life Day Support	
Name: Melissa Schaffer	Address: 1223 View Drive Sunnybrook, VA 20456	
Phone: 540-200-8980	Fax: 540-200-8981	Email:
Support Role: SC	Agency: Sunnybrook CSB	
Name: Melinda Grey	Address: 7877 Patton St. Sunnybrook, VA 20456	
Phone: 540-889-1122	Fax: 540-889-1123	Email: gjones@sc.org

Communication and Sensory Support

Preferred language:	Please <i>check one</i>) <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Please Specify):
Describe supports needed for communication (if any):	N/A
Do I have any difficulty reading a magazine or newspaper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. Steve can read simple words and sentences.
Would a professional evaluation related to sensory or communication abilities be beneficial?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Adaptive Equipment, Assistive Technology and Modifications

Please describe any adaptive equipment and assistive technology supports (if any):	N/A
Would a professional evaluation related to adaptive equipment, assistive technology or other modifications be beneficial?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Health Information

Do you have an advanced directive?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a copy to all relevant parties.	
Medication:	Physician:		Reason(s) prescribed:
Dosage:	Route:	Frequency:	Location of potential side effect information:
1: Lisinopril	Dr. Good		high blood pressure
20 mg	PO	Daily	Primary record under "side effects" tab
2: Ranitidine	Dr. Lewis		GERD
150mg	PO	Daily	Primary record under "side effects" tab
3: Ibuprofen	Dr. Good		Headaches
200mg	PO	Q4 hours PRN	Primary record under "side effects" tab

HEALTH TOPIC	DESCRIPTON
Date of my last complete physical exam.	Date: January 14, 2012
Date of my last dental exam.	Date: March 3, 2012
Do I have any mental health support needs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please provide crisis plan (if applicable) and describe support needs: While Steve does not have a mental health diagnosis, he can become easily frustrated, which results in yelling and slamming doors. He benefits from having time to talk about his daily concerns. ⑧
Do I have any allergies to medication, food, or environmental elements (e.g., mold, dust, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Please describe all recent physical complaints & medical conditions.	Steve has high blood pressure, high cholesterol and GERD. When his blood pressure spikes, he develops headaches and becomes short of breath. He is watched closely when this occurs. He has a nutritional plan (attached) that details the foods that aggravate his GERD. ⑦ ⑩
Do I have any issues with physical intimacy, pregnancy or child rearing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Do I have any chronic health conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: high blood pressure, high cholesterol and GERD. ⑦ ⑩
Do I have any communicable diseases?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Do I have any limitations or restrictions on physical activities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Have I had any serious illnesses, serious injuries, and/or hospitalizations in the past?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Have there been any serious illnesses or chronic conditions among my parents, siblings, or grandparents?	N/A
Have there been any serious illnesses or chronic conditions among significant others in my household (if any)?	N/A

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Have I ever smoked cigarettes/cigars or used smokeless tobacco?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
a. How often do I drink alcohol? b. Does my current use of alcohol cause problems in any area of my life? Have I ever been told that I drink too much alcohol	a. Number of times and number of drinks per week: 0 b. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
a. Does my current use of prescription medication cause problems in any area of my life? b. Have I found that I have to take more and more of any prescription medication to feel an effect? c. Have I ever been told that I take my medications incorrectly?	N/A
Have I ever been in treatment for a problem with, or resulting from, use of alcohol, drugs, or prescription medicine?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe <i>what type of treatment, was provided and when.</i>
Is there any other health history or medical information or health preferences that I would like to share?	N/A

Summary of Social/Developmental/Behavioral/Family History

Briefly describe my relevant social, developmental, behavioral and family history.	<p>Steve was born in Sunnybrook in 1965. He lived with family until 1998 when his parents could no longer support him at home. He has lived at Sunnybrook Residential since that time. Steve has a family history of high blood pressure. Shortly after he graduated from Sunnybrook High School his father passed away from a heart attack. According to his mother, Martha, Steve was very close with his father. Steve experienced a prolonged mourning period after his father passed away. He is very close with his mother and the family dog, Bentley. Steve continues to see his mother every weekend and occasionally spends the night with her. He does not express interest in attending church, but does go with his mother to Sunday services occasionally. Steve has no brothers or sisters and one aunt, Louise Griffey, in California. Steve has few friends outside of his family and Sunnybrook Residential. Steve has never been married or been in an intimate relationship that is known of at this time.</p>
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Summary of Employment and Educational Background

Education:
☐ None
 ☐ Elementary
 ☐ Middle School
 ☐ Some High School
 ☒ High School
☐ Vocational
 ☐ Some College
 ☐ College degree
 ☐ Some Graduate School
☐ Masters Degree or Higher

This ISP belongs to: Steve Sample ID# 818 ISP Start: 7/1/12 End: 6/30/13

5/24/12 ID & DS Waivers (PC ISP Parts I-IV)

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Current Employment status: ☒ Unemployed, but want to work ☐ Unemployed, not able to or interested in work ☐ Employed, Part-Time ☐ Employed, Full-time ☐ Retired

Describe my educational history.	Steve graduated from Sunnybrook High School in 1998.
Describe my employment history.	Steve worked in a sheltered workshop after high school. He earned a piece rate for preparing shipping materials for local businesses. Due to high levels of frustration in that setting, which resulted in arguments with others, Steve decided to stop working there and has not had a job since that time.
Describe any volunteer activities in which I now am involved or have been involved in the past (if any).	Note: Please include the types of things I did, the organization(s) involved, and when I volunteered. Steve has been engaged in a variety of volunteer activities during his time at My Life Day Support such as Meals on Wheels and Habitat for Humanity.

Exceptional Support Needs

Were any support needs identified on the risk assessment (Supports Intensity Scale Section IV) or elsewhere in the information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a description of each support need below: 1) high blood pressure ⑦ ⑧ ⑩ 2) high cholesterol ⑦ ⑩ 3) gastroesophageal reflux disease (GERD) ⑦ ⑩
Is there a behavioral or crisis support plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Meet criteria for high intensity day services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:

Ability to Access Services and Supports

What concerns do I have about being able to access services and/or supports?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a description and a plan to resolve the concern(s):
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Legal and Advocacy

Do I have any current legal issues or problems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Do I need any legal advice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Do I need any support with voting? (Understanding my rights, registering or voting)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide brief description of how I will be supported:

Eligibility

Level of Functioning Survey	Date completed: 6/5/12 Categories met: <input type="checkbox"/> Health Status <input type="checkbox"/> Communication <input checked="" type="checkbox"/> Task Learning Skills <input checked="" type="checkbox"/> Personal/Self Care <input type="checkbox"/> Mobility <input checked="" type="checkbox"/> Behavior <input checked="" type="checkbox"/> community Living
Diagnosis of MR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date psychological completed: August 3, 1972
If under 6, at developmental risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date evaluation completed:

Back-up and / or Discharge Plan

Am I receiving a Medicaid Home and Community Based Waiver?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please identify which Waiver: ID Waiver ; and please describe or attach my back-up plan (if receiving a service that requires a back-up plan).
If applicable, please describe any transition/discharge plans for any services I currently receive.	N/A

Essential Information completed by:

Review or Revision Date: 6/5/12

Name (print): Melinda Grey

Signature: Melinda Grey Title: Support Coordinator Date: 6/15/12

This ISP belongs to: Steve Sample ID# 818 ISP Start: 7/1/12 End: 6/30/13
5/24/12 ID & DS Waivers (PC ISP Parts I-IV)

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Part II. Personal Profile

Talents & Contributions	
Steve is kind and compassionate. He calls everybody his “friend.”	
He has a good relationship with his mother. ③	
Steve wants to work. ①	
He likes to look nice and takes pride in his appearance. ④	
Steve is great with animals – especially dogs! ②	
Steve is an avid sports fan. ⑤	
He likes cooking. ⑦	
Steve has a great sense of humor.	
1. Work and Alternates to Work (Days; Evenings; Weekends)	
What’s Working (needs to stay the same)	What’s Not Working (needs to change or be improved)
Steve likes the people he lives with and his home on Sunnybrook Drive. He enjoys having his own room decorated the way he likes with sports posters and pictures of his favorite bands. He continues to get up early and likes taking care of things around the house. He cleans his room every Monday and goes shopping for groceries each week on Thursday or Friday. He likes visiting his mother, Martha, and their dog Bentley every weekend. ③ Steve really enjoys cooking dinner and cleaning up afterwards. He has a few TV shows he loves, but likes just about anything funny or sports related. He never misses The World’s Funniest Animals on Thursday nights.	Steve’s mother thinks it would be nice if he could find a job so that he could have more money. We think Steve’s love of sports would be a good match for employment, but he doesn’t have a job coach. Many of the sporting events in town are managed through the local association. Steve might find a job there. ①
2. Community & Interests (Neighborhood; Inclusion in community; Safety in my community; Things I enjoy/hobbies);	
What’s Working (needs to stay the same)	What’s Not Working (needs to change or be improved)
Going out to eat at places that offer foods he likes	Steve loves music and has a small CD collection. He

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and can have with his diet plan. Collecting baseball cards and going to ballgames during the season.	went to a concert in the park last year and seemed to have a great time. We think he'd enjoy going to more music events in the area. ⑤
3. Relationships (Family and friends; Being understood by others; Qualities of those who support me; Culture and traditions; Spirituality and religion);	
What's Working (needs to stay the same)	What's Not Working (needs to change or be improved)
Steve's relationship with his mother and the family dog, Bentley. ③ Steve gets along well with everyone. Steve has one aunt, Louise, who lives in California. He occasionally gets to see her on holidays. Steve does not express interest in church, but does say he enjoys going with his mother.	Steve often talks about how much he loves dogs. He misses his dog, Bentley, and used to get upset from missing Bentley, but now that he sees Bentley every weekend he seems much happier. Steve spends most of his time with the people in his home and paid providers. His mother shared that it would be nice if he had more friends that shared his interests. ⑤
4. Home (Home; Routines; Independence; Privacy; Safety at home);	
What's Working (needs to stay the same)	What's Not Working (needs to change or be improved)
Living on Sunnybrook Drive. Having his own room decorated with his sports and band posters. He prefers that his housemates stay out of his room. Getting up before his housemates so that he has some quiet time to have coffee. He has several sports t-shirts that he prefers to wear and chooses a different baseball cap nearly every day. ④ He enjoys watching a variety of sporting events on TV. Steve prefers a shower after dinner and likes to have his fan on in the bedroom while he sleeps.	Steve gets upset when he can't find something he's looking for especially his collectables. It would be nice if his room was more organized so that things are easier for him to find when he wants something. ⑥
5. Learning & Other Pursuits (New abilities/accomplishments; new experiences);	
What's Working (needs to stay the same)	What's Not Working (needs to change or be improved)
Steve has a large baseball card collection that he is very proud of that he keeps in his room. Steve likes to cook and has learned more about cooking since he has been at Sunnybrook. ⑦	Steve's baseball card collection is kept in numerous shoe boxes in his closet. It would be nice if he could display them somehow since he loves them so much. ⑥ Steve likes cooking, but can choose foods that aggravate his GERD. He would benefit from better understanding that certain foods make him feel bad. He might like to learn more about how to make his own meals. ⑦

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6. Money (Money and finances; personal control)	
What's Working (needs to stay the same)	What's Not Working (needs to change or be improved)
Steve like spending his own money on things he likes. He collects baseball cards and likes sports jerseys and baseball hats. Having money in his wallet every day. ① He has his own checking account and ATM card with S&D Bank.	Steve doesn't have much money once he pays his monthly bills. He likes being active and his team is concerned that his choices are limited by his income. It would be nice if he was able to make more money. ①
7. Transportation & Travel (Transportation and travel);	
What's Working (needs to stay the same)	What's Not Working (needs to change or be improved)
Steve has transportation available to go where he wants to go. Steve goes on vacation for a week each summer with his mother to Virginia Beach where she has a condominium.	If Steve begins working, he will need to learn to use the local bus route or have dependable transportation for work.
8. Health & Safety (Foods, cooking, meals and supplements; Exercise and movement; Medications and wellness; Overall wellness).	
What's Working (needs to stay the same)	What's Not Working (needs to change or be improved)
Steve likes fast food and benefits from healthier choices especially low salt, low acid and low fat foods. He has a nutritional diet plan that was prepared at his doctor's office by a nutritionist. He is open to discussing healthy foods at home and when he eats out. Avoiding tomatoes and high acid juices to manage GERD. ⑦ He takes his own medicines with reminders and when they are handed to him. Being able to choose what he wants to do when he misses day support. ⑨	Steve has high blood pressure, high cholesterol and gastroesophageal reflux disease (GERD). He has mild symptoms that are controlled with medication. When his blood pressure spikes, he can get a headache and become short of breath. It is important to watch him closely when these symptoms occur – if they persist for longer than 30 minutes, we contact his doctor for guidance. GERD also limits his diet. ⑦ ⑧ ⑩ Steve does not like to exercise; we have been struggling to find a fitness routine he enjoys. ②
A Good Life	
A good life for Steve includes having his own room decorated the way he likes ⑥, having time with his mother and dogs (especially Bentley) ③ and sharing his interests and personal style with others ④. He would work in a job related to the things he loves. ① He would have more friends who share his interests like sports, music and dogs. ⑤ He would continue going on vacation with his mother each summer. Steve would have a balanced diet to feel and look good ⑦ ⑧ ⑩ and have many opportunities to meet new people and learn more about and do what makes him happy. ② ⑤	

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Part III. Shared Planning

<u>Outcome #</u>	Describe what is IMPORTANT <i>TO</i> ME and IMPORTANT <i>FOR</i> ME this year?	What does success look like? DESIRED OUTCOMES	How often or by when?	Who's going to support me?
1	<input checked="" type="checkbox"/> TO having a job <input checked="" type="checkbox"/> FOR paying his expenses	Steve works in a sports related job to earn money doing something he loves.	weekly	Support Coordinator
2	<input checked="" type="checkbox"/> TO being around dogs <input checked="" type="checkbox"/> FOR having enough money; getting exercise	Steve walks neighborhood dogs in order to make some money and stay fit.	weekly	My Life Day Support
3	<input checked="" type="checkbox"/> TO regular contact with his mother and Bentley <input type="checkbox"/> FOR	Steve visits his family in order to see his mother and play with Bentley.	weekly	Sunnybrook Residential
4	<input checked="" type="checkbox"/> TO looking nice; wearing cool clothes <input checked="" type="checkbox"/> FOR showering, shaving, laundry,	Steve looks nice in order to share his own style.	daily	Sunnybrook Residential
5	<input checked="" type="checkbox"/> TO music; sports <input checked="" type="checkbox"/> FOR meeting new people	Steve goes out (to restaurants, local festivals and sporting events) with his friends to have fun and meet new people.	monthly	Sunnybrook Residential My Life Day Support
6	<input checked="" type="checkbox"/> TO finding his belongings when he wants them <input checked="" type="checkbox"/> FOR a clean home	Steve cleans and organizes his room so that he can find his belongings when he wants them.	daily	Sunnybrook Residential

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7	<input checked="" type="checkbox"/> TO learning to cook <input checked="" type="checkbox"/> FOR following his nutrition plan to manage high blood pressure, high cholesterol and GERD.	Steve plans and prepares meals based on his nutrition plan in order to be healthy and feel good.	daily	Sunnybrook Residential
8	<input checked="" type="checkbox"/> TO talking with others about his day <input checked="" type="checkbox"/> FOR a stable mood to promote healthy blood pressure	Steve talks about his day in order to maintain a positive mood and have stable blood pressure.	daily	Sunnybrook Residential My Life Day Support
9	<input type="checkbox"/> TO <input checked="" type="checkbox"/> FOR periodic supports	Steve enjoys something he prefers when plans are cancelled.	as needed	Sunnybrook Residential
10	<input type="checkbox"/> TO <input checked="" type="checkbox"/> FOR Routine medical and dental care; good nutrition; medications;	Steve is a healthy, safe and valued member of his community.	daily	Sunnybrook Residential My Life Day Support
11.	<input type="checkbox"/> TO <input checked="" type="checkbox"/> FOR Support Coordination	Steve's desired outcomes are achieved in order to have a good life.	monthly	Support Coordinator

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Part IV. Agreements

Individual - Does my plan match...?

what makes me happy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	what I need to be safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
my dreams?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	how I contribute?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
being with people that I like?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	new things I want to learn?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
where & how I want to live?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	my work dreams?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
things I like to do?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	the support that I need?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
how I want to travel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	people who support me?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
how I want to handle my money?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	how I describe a good life?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is “no” to any of these questions, go back to that part of the profile and consider again. Please describe the reason for any questions above remaining “no” at the end of the meeting and any plan to resolve.

Team

Are there any unfinished tasks from my plan that are not yet completed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does any team member have an objection to any outcomes in my plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any outcomes that are in conflict with what's most important to me?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do I need financial planning or benefits counseling in order to maintain or maximize resources?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any conflicts in my plan that create a health and safety concern?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any IMPORTANT TO or IMPORTANT FOR information elsewhere (such as in the SIS or PCT TOOLS) that are not addressed in this plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Please describe the reason for any questions above being marked “yes” and any plan to resolve.

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Signatures of partners who agree to help me with my plan:		
Individual <i>STEVE</i>	Date 06/5/12	
Support Coordinator <i>Melinda Grey</i>	Date 06/5/12	
Guardian/ Authorized Representative		Date
Partner <i>Stephanie Klein</i>	Relationship/service/support DSP	Date 06/5/12
Partner <i>Marshall Morgan</i>	Relationship/service/support DSP	Date 06/5/12
Partner <i>Melissa Schaffer</i>	Relationship/service/support DSP	Date 06/5/12
Partner <i>Martha Sample</i>	Relationship/service/support Mother	Date
Partner	Relationship/service/support	Date
Partner	Relationship/service/support	Date
Names of partners who contributed to my plan and were not here for planning:		
Louise Griffey, Aunt		
Quarterly review dates: 1- 9/30/12, 2- 12/31/12, 3- 3/31/13, 4-6/30/12		
Comments:		